

2000 UNIFORM BUSINESS REPORT (UBR)

99-2000 UBR

10/2

FILED

00 MAY 15 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA80000063384**

1. Entity Name

715 Corp.

Principal Place of Business

Mailing Address

431 South Creek Dr.
Osprey, Fl. 34229
U.S.

431 South Creek Dr.
Osprey, Fl. 34229
U.S.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0867470

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Kaplan, Marvin
431 South Creek Dr.
Osprey, Fl. 34229.

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kaplan, Marvin 431 South Creek Dr. Osprey, Fl. 34229.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900003275699--2 -06/05/00--01003--022 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marvin Kaplan

Date

Daytime Phone #

4/5/00

941-966-4474

CR2E034 (9/99)

Page 2 of 2

715 CORP

431 South Creek Drive
Osprey, FL 34229
941-966-4474
Fax: 941-966-6813

May 3, 2000

Ms. Leslie Sellers
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Ms. Sellers:

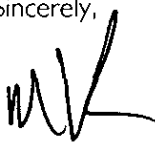
As per our discussion, I am enclosing the recently returned check for the 2000 annual report to you for proper posting.

According to your records the previous years annual filing was returned to me for lack of a signature which was never received by me. I had provided the required fee timely which was deposited by the state. (Copy provided)

Please correct the error and reinstate the corporation at the earliest convenience.

Thank you in advance for your assistance.

Sincerely,



Marvin Kaplan, President

715 Corp